

FOR COST RECOVERIES.

ON: MODE: D DOCID: BD 052947161 USERID: SALT STATUS  
 VL: OVER: BATID: ORGID:  
 BILLING DOCUMENT INPUT SCREEN  
 BATCH DATE: NUM DOCS: NET:

DOC DATE: 6/15/94 ACCTG PRD: ACTION: DOC TYPE:  
 TRANS TYPE: BUDGET FYS: APPR:  
 \*DOC TOTAL: 1692.50 COMMENTS:  
 BILL PRINT FLAG: Y COLLECTION DUE DATE: INTEREST RATE:  
 TEXT TYPE: WAIVER FLAG: A  
 PAYOR CODE: SAME AS BILLING  
 PAYOR NAME: Ormet Corporation  
 ADDRESS: Route 7, P.O. Box 17

CITY: Hannibal STATE: OH ZIP: 43931

NOTE: FILL IN SCREEN PER THIS SAMPLE

APPROVED

JUN 28 1994

IFMS LINE SCREEN FOR BD - BILLING DOCUMENT FOR COST RECOVERIES

APPROPRIATION HSCR = 20X8145.4 COST RECOVERIES

\*YOU MUST KEY IN ON LINE SCREEN HSCR FOR EACH BD

JN: MODE: D DOCID: BD 052947161 USERID: SALT STATUS  
 JL: OVER: BATID: ORGID:  
 LINE NO: 001 BFY: 74 APPR: HSCR TRAN TYPE: 31 ORG: 05F  
 PE: T6B REV SOURCE: TEXT TYPE: SITE/PROJ: 0512P  
 BOC: REPT CAT: 29 INTEREST RATE: BL ACCT:  
 \*AMOUNT: 1692.50 I/D: I DESC: 4T6605FP12 (FULL 10 DIGIT ACCOUNT NUMBER  
 REF DOC - TC: NUMBER: LINE NUM: ADV: TRAV TYPE:

LINE NO: BFY: APPR: TRAN TYPE: ORG: 05F  
 PE: REV SOURCE: TEXT TYPE: SITE/PROJ: 05  
 BOC: REPT CAT: INTEREST RATE: BL ACCT:  
 AMOUNT: I/D: DESC:  
 REF DOC - TC: NUMBER: LINE NUM: ADV: TRAV TYPE:

LINE NO: BFY: APPR: TRAN TYPE: ORG:  
 PE: REV SOURCE: TEXT TYPE: SITE/PROJ:  
 BOC: REPT CAT: INTEREST RATE: BL ACCT:  
 AMOUNT: I/D: DESC:  
 REF DOC - TC: NUMBER: LINE NUM: ADV: TRAV TYPE:

CUI3-CONTINUING SAME DOCUMENT

TE/PROJ IS 5 DIGITS. SITE/PROJ MUST BE FILLED IN FOR EACH BD... THE POSITION 1 & 2 = REGION AND  
 BER, POSITION 3 & 4 = 2 DIGIT SITE IDENTIFIER, AND THE 5TH DIGIT = SUPERFUND ACTIVITY CODE.  
SITE/PROJ 5 DIGIT CODE IS DERIVED FROM THE 10 DIGIT ACCOUNT NUMBER KEYED IN UNDER DESC.  
IT MUST BE FILLED IN FOR EACH BD

DER DOCUMENT TOTAL AND LINE AMOUNT MUST BE IDENTICAL.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

FILE COPY

JUN 15 1994

REPLY TO THE ATTENTION OF:

P 851379276

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

John D. Reggi  
Project Coordinator  
Ormet Corporation  
Route 7  
P.O. Box 17  
Hannibal, Ohio 43931

RE: Ormet, OH.  
First Delinquent Notice #4T161

Dear Mr. Reggi:

Our records indicate that your account is outstanding. This account is considered delinquent and interest at the rate of 3.36% per annum for fiscal year 1994 is being assessed for each day commencing with the receipt date of the original bill.

A summary of your account as of 6/14/94 is as follows:

Invoice #4T161 received 4/5/94:	\$258,955.44
Interest from 4/5/94 thru 6/14/94 @ 3.36%:	<u>1,692.50</u>
Balance as of 6/14/94:	<u>\$260,647.94</u>

In order to avoid further interest charges, please mail your check or money order immediately, made payable to the EPA Hazardous Substance Superfund and forward your payment to the following address:

U.S. Environmental Protection Agency  
Region 5  
Attention: Superfund Accounting  
P.O. Box 70753  
Chicago, Illinois 60673

If you have any questions regarding the debt, your inquiry should be directed to Vanessa Mbogo at (312) 353-4885 or mailed to the following address:

*V. Mbogo*  
6/13/94



Printed on Recycled Paper



January 10, 1995

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Mary Ellen Ryan  
Acting Chief  
Superfund Accounting Section  
U.S. Environmental Protection Agency  
Region 5  
Attention Superfund Accounting  
P. O. Box 70753  
Chicago, IL 60673

Dear Ms. Ryan:

Enclosed is Ormet Primary Aluminum Corporation's check #67501 for \$258,995.44. This represents the payment for USEPA oversight cost for the billing invoice #4T161, which includes the period 4/1/92 through 12/31/93 per your letter dated 4/1/94.

If you have any questions, please contact me.

Very truly yours,

A handwritten signature in dark ink, appearing to read "J D Reggi".

J. D. Reggi, Director  
Corporate Environmental Services

JDR:jg  
Enclosure

FOR COST RECOVERIES.

ON: MODE: D DOCID: BD 052947161 USERID: SALT STATUS  
 VL: OVER: BATID: ORGID:  
 BILLING DOCUMENT INPUT SCREEN  
 NUM DOCS: NET:

BATCH DATE:

DOC DATE: 4/1/94 ACCTG PRD: ACTION: DOC TYPE:  
 TRANS TYPE: BUDGET FYS: APPR:  
 \*DOC TOTAL: 258,955.44 COMMENTS:  
 BILL PRINT FLAG: Y COLLECTION DUE DATE: INTEREST RATE:  
 TEXT TYPE: WAIVER FLAG: A  
 PAYOR CODE: SAME AS BILLING  
 PAYOR NAME: Ormet Corporation  
 ADDRESS: Route 7, P.O. Box 17

CITY: Hannibal STATE: OH ZIP: 43931 -

NOTE: FILL IN SCREEN PER THIS SAMPLE

IFHS LINE SCREEN FOR BD - BILLING DOCUMENT FOR COST RECOVERIES

APPROPRIATION HSCR = 20X8145.4 COST RECOVERIES

\*YOU MUST KEY IN ON LINE SCREEN HSCR FOR EACH BD

JN: MODE: D DOCID: BD 052947161 USERID: SALT STATUS  
 VL: OVER: BATID: ORGID:  
 LINE NO: 001 BFY: 74 APPR: HSCR TRAN TYPE: 33 ORG: 05F  
 PE: T66 REV SOURCE: TEXT TYPE: \*SITE/PROJ: 05/2P  
 BOC: REPT CAT: 29 INTEREST RATE: GL ACCT:  
 \*AMOUNT: 258,955.44 I/D: I DESC: 47605FPIZ FULL 10 DIGIT ACCOUNT NUMBER  
 REF DOC - TC: NUMBER: LINE NUM: ADV: TRAV TYPE:

LINE NO: BFY: APPR: TRAN TYPE: ORG: 05F  
 PE: REV SOURCE: TEXT TYPE: SITE/PROJ: 05  
 BOC: REPT CAT: INTEREST RATE: GL ACCT:  
 AMOUNT: I/D: DESC: LINE NUM: ADV: TRAV TYPE:  
 REF DOC - TC: NUMBER:

LINE NO: BFY: APPR: TRAN TYPE: ORG:  
 PE: REV SOURCE: TEXT TYPE: SITE/PROJ:  
 BOC: REPT CAT: INTEREST RATE: GL ACCT:  
 AMOUNT: I/D: DESC: LINE NUM: ADV: TRAV TYPE:  
 REF DOC - TC: NUMBER:

CU13-CONTINUING SAME DOCUMENT

TE/PROJ IS 5 DIGITS. SITE/PROJ MUST BE FILLED IN FOR EACH BD. THE POSITION 1 & 2 = REGION NUMBER, POSITION 3 & 4 = 2 DIGIT SITE IDENTIFIER, AND THE 5TH DIGIT = SUPERFUND ACTIVITY CODE. SITE/PROJ 5 DIGIT CODE IS DERIVED FROM THE 10 DIGIT ACCOUNT NUMBER KEYED IN UNDER DESC. IT MUST BE FILLED IN FOR EACH BD.

DER DOCUMENT TOTAL AND LINE AMOUNT MUST BE IDENTICAL.

FILE COPY

P 188 575 3045

THE USEPA EXPECTS ADDITIONAL  
BILLS TO BE FORWARDED  
TO THE AGENCY FOR  
WORK PERFORMED BEFORE  
12/31/93. IN THE EVENT  
OF THIS OCCURRENCE THE  
AGENCY WILL BILL  
ORMET ACCORDINGLY.

APR 1 1994

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

John D. Reggi  
Project Coordinator  
Ormet Corporation  
Route 7  
P.O. Box 17  
Hannibal, Ohio 43931

RE: Ormet Site, OH.

Dear Mr. Reggi:

The enclosed billing is for the recovery of costs incurred by the U.S. Environmental Protection Agency (EPA) for oversight activity, performed under the authority of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) as amended for the period 4/1/92 through 12/31/93. These costs were incurred for the Ormet site. EPA is due \$259,788.81. (This bill is solely for recovery of government oversight costs, and any fines and/or penalties due will be billed separately.) 258,995.44

This is not applicable to the bill

This billing invoice is being forwarded to you for payment based upon the Consent Order. Please make your check payable to EPA Hazardous Substance Superfund and forward your payment to the following address:

U.S. Environmental Protection Agency  
Region 5  
Attention: Superfund Accounting  
P.O. Box 70753  
Chicago, Illinois 60673

To avoid additional charges, payment must be received at the EPA P.O. Box within 20 business days after receipt of this bill. If payment is not received within that time frame, interest will accrue from the date of your receipt at the rate of 3.36%. If there are any questions regarding the accounting of this bill please contact Vanessa Mbogo at (312) 353-4885 or mail comments to the following address:

U.S. Environmental Protection Agency  
ATTN: Vanessa Mbogo  
77 West Jackson - 5MFS-10J  
Chicago, Illinois 60604

If there are any questions other than the accounting of this bill please contact U.S. EPA's Regional Project Manager, Rhonda McBride at (312) 886-7242 or mail comments to the following address:

U.S. Environmental Protection Agency  
ATTN: Rhonda McBride  
77 West Jackson - 5HSRM-6J  
Chicago, Illinois 60604

To ensure that your payment is properly recorded by EPA the following information must be included on the face of your payment:

Ormet Site, OH.  
Account No. 4T161  
Site No. 12

Thank you for your cooperation.

Sincerely yours,

Mary Ellen Ryan, Acting Chief  
Superfund Accounting Section

Enclosures

cc: Rhonda E. McBride, HSRM-6J  
Zig. Murphy, CS-TUB-3

*This is the end of RIFES,  
maybe some RIFES notes  
that will appear after the  
date.  
Regulate new CD. for RDLA/  
post notes  
Adj. P. Laffin T. L. L.  
Other atty's - Tim OK  
Work PC's to be or not to be  
attached to billing*

Need to also move  
\$40.00 payment from  
Rept. Cat. 30 (interest)  
to Rept. Cat. 11 (principal)

DI: BD 05294T161  
DI: NO DOCUMENT INPUT SCREEN  
M DOCS: NET:  
TO PRO: ACTION:  
ET FYS: APPR:  
COMMENTS:  
ECTION DUE DATE:

USERID: SALT  
ORGID:  
STATUS  
DOC TYPE:  
INTEREST RATE:  
WAIVER FLAG: A

*Handwritten:* *LLS Corporation*  
*Handwritten:* *STATE: ZIP:*

NOTE: FILL IN SCREEN PER THIS SAMPLE

IFHS LINE SCREEN FOR BD - BILLING DOCUMENT FOR COST RECOVERIES

APPROPRIATION HSCR = 20X8145.4 COST RECOVERIES  
\*YOU MUST KEY IN ON LINE SCREEN HSCR FOR EACH BD

DI:	MODE: D	DOCID: BD 05294T161	USERID: SALT	STATUS
AL:	OVER:	BATID:	ORGID:	
LINE NO: 001	BFY: 75	APPR: HSCR	TRAN TYPE: 33	ORG: 05F
PE:	REV SOURCE:	TEXT TYPE:	SITE/PROJ: 05/2P	
BOC: T6B	REPT CAT: 29	INTEREST RATE:	BL ACCT:	
AMOUNT: 40.00	I/D: I	DESC:	FULL 10 DIGIT ACCOUNT NUMBER	
REF DOC - TC:	NUMBER:	LINE NUM:	ADV:	TRAV TYPE:
LINE NO: 002	BFY: 94	APPR: HSCR	TRAN TYPE: 31	ORG: 05F
PE:	REV SOURCE: 50	TEXT TYPE:	SITE/PROJ: 05	
BOC: T6B	REPT CAT:	INTEREST RATE:	BL ACCT:	
AMOUNT: 4450.917	I/D: D	DESC:		
REF DOC - TC:	NUMBER:	LINE NUM:	ADV:	TRAV TYPE:
LINE NO:	BFY:	APPR:	TRAN TYPE:	ORG:
PE:	REV SOURCE: 50	TEXT TYPE:	SITE/PROJ:	
BOC:	REPT CAT:	INTEREST RATE:	BL ACCT:	
AMOUNT:	I/D:	DESC:		
REF DOC - TC:	NUMBER:	LINE NUM:	ADV:	TRAV TYPE:

CU13-CONTINUING SAME DOCUMENT

TE/PROJ IS 5 DIGITS. SITE/PROJ MUST BE FILLED IN FOR EACH BD... THE POSITION 1, 4, 2- REGION, AH  
BER, POSITION 3 & 4- 2 DIGIT SITE IDENTIFIER, AND THE 5TH DIGIT- SUPERFUND ACTIVITY CODE.  
SITE/PROJ 5 DIGIT CODE IS DERIVED FROM THE 10 DIGIT ACCOUNT NUMBER KEYED IN UNDER DESC  
IT MUST BE FILLED IN FOR EACH BD

DER DOCUMENT TOTAL AND LINE AMOUNT MUST BE IDENTICAL.

U. S. ENVIRONMENTAL PROTECTION AGENCY  
IFMS CUSTOM MONTHLY ACCOUNTS RECEIVABLE REPORT  
BY SFO AND TREASURY SYMBOL  
FOR: 01/01/80 TO: 01/31/95

SFO: AP05 - AP 05 - CHICAGO

TREASURY SYMBOL: 20X8145.4 - HAZARDOUS SUBSTANCE COST RECOC

DOCUMENT DATE	DOCUMENT NUMBER	RECEIVABLE AMOUNT	COLLECTED AMOUNT	OUTSTANDING AMOUNT
002 94	HSCR 05F 05D6P 29 BUTTERNORTH LANDFILL	MI 31 1,819.55 102,156.27	0.00	102,156.27

DOCUMENT TOTALS:

LINE NO	BUDGET	APPR	ORG	SITE PROJ	REPORT CAT	SITE DESCRIPTION / PAYEE	TRANS TYPE	RECEIVABLE AMOUNT	COLLECTED AMOUNT	OUTSTANDING AMOUNT
001 94	HSCR 05F 05Z8R 29 US SCRAP					IL 33	33	5,700.00		
001	CR 0594CD11929					11	11	5,700.00	5,700.00 03/29/94	0.00

DOCUMENT TOTALS:

LINE NO	BUDGET	APPR	ORG	SITE PROJ	REPORT CAT	SITE DESCRIPTION / PAYEE	TRANS TYPE	RECEIVABLE AMOUNT	COLLECTED AMOUNT	OUTSTANDING AMOUNT
001 94	HSCR 05F 05B2P 29 BUCKEYE RECLAMATION					OH 33	33	63,056.81		
003	CR 0594CD14929					11	11	63,056.81	63,056.81 05/17/94	0.00

DOCUMENT TOTALS:

LINE NO	BUDGET	APPR	ORG	SITE PROJ	REPORT CAT	SITE DESCRIPTION / PAYEE	TRANS TYPE	RECEIVABLE AMOUNT	COLLECTED AMOUNT	OUTSTANDING AMOUNT
001 94	HSCR 05F 051YP 29 ALSCO ANACONDA					OH 33	33	28,588.30		
001	CR 0594CD14829					11	11	28,588.30	28,588.30 05/17/94	0.00

DOCUMENT TOTALS:

LINE NO	BUDGET	APPR	ORG	SITE PROJ	REPORT CAT	SITE DESCRIPTION / PAYEE	TRANS TYPE	RECEIVABLE AMOUNT	COLLECTED AMOUNT	OUTSTANDING AMOUNT
001 94	HSCR 05F 051ZP 29 ORMET					OH 33	33	258,955.44		



RUN DATE: 02/01/95  
REPORT ID: RAKMR

U. S. ENVIRONMENTAL PROTECTION AGENCY  
IFMS CUSTOM MONTHLY ACCOUNTS RECEIVABLE REPORT  
BY SFO AND TREASURY SYMBOL  
FOR: 01/01/80 TO: 01/31/95

PAGE: 1245  
TIME: 05:37

SFO: AP05 - AP 05 - CHICAGO

TREASURY SYMBOL: 20X8145.4 - HAZARDOUS SUBSTANCE COST RECOC

DOCUMENT DATE	DOCUMENT NUMBER	RECEIVABLE AMOUNT	COLLECTED AMOUNT	OUTSTANDING AMOUNT
001	CR 0595CD06929	11		
002 94	HSCR 05F 0512P 29 ORMET	OH 31 4,450.91	258,955.44	01/26/95
002	CR 0595CD06929	30	40.00	01/26/95
DOCUMENT TOTALS:		263,406.35	258,995.44	4,410.91

LINE BUDGET NO FYS	APPR	ORG	SITE PROJ CAT	REPORT	SITE DESCRIPTION / PAYEE	TRANS TYPE
001 94	HSCR	05F	0504R	29	SUMMIT NATIONAL	OH 33
001	CR	0594CD14029				11
DOCUMENT TOTALS:						122,159.78
						122,159.78
						0.00

LINE BUDGET NO FYS	APPR	ORG	SITE PROJ CAT	REPORT	SITE DESCRIPTION / PAYEE	TRANS TYPE
001 94	HSCR	05F	05A2P	29	VELSICOL, MARSHALL	IL 33
001	CR	0594CD14429				11
DOCUMENT TOTALS:						70,994.53
						70,994.53
						0.00

LINE BUDGET NO FYS	APPR	ORG	SITE PROJ CAT	REPORT	SITE DESCRIPTION / PAYEE	TRANS TYPE
001 94	HSCR	05F	05A9P	29	E.H. SCHILLING LNDFL	OH 33
001	CR	0594CD12429				11
DOCUMENT TOTALS:						39,200.00
						39,200.00
						0.00

J.ZOTOMYER-AP05 (REGION05L)

PACKET PAGE NUMBER

403 \*\*\*

ACTION: R TABLEID: ARLT USERID: LBOI

\*\*\* RECEIVABLE LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, DOCUMENT NUMBER, LINE NO

01-

TRANS CODE: BD	DOCUMENT NUMBER: 05294T161	LINE NO: 002
BFYS: 94	APPR: HSCR	TRANS TYPE: 31
BUD ORG: 05F	PE: TGB	REV SRCE: 50
SITE/PROJ: 051ZP	RPTG CATG: 29	BOC:
COST ORG:		
CLOSED BFYS:	CLOSED APPR:	TRAVEL ADVANCE:
REF INVOICE:	REF LINE:	TEXT TYPE:
GL ACCT:	REF TC: NUMBER:	LINE:
DOC LINE AMT:	4,450.91	DESC: 4TGB05FP1Z
DOC LINE COLLECTED AMT:	40.00	INTEREST RATE: 0.000
DOC LINE CLOSED AMT:	40.00	ADVANCE NUMBER:
DOC LINE WRITEOFF AMT:	0.00	TRAVEL TYPE:
SOURCE:	TYPE OF OVERPAYMENT:	ACTION OUT:

4BÜ

A

ë-ëPC LINE 1 COL 10

ACTION: R TABLEID: ARLT USERID: LBOI

\*\*\* RECEIVABLE LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, DOCUMENT NUMBER, LINE NO

01-

TRANS CODE: BD	DOCUMENT NUMBER: 05294T161	LINE NO: 001
BFYS: 94	APPR: HSCR	TRANS TYPE: 33
BUD ORG: 05F	PE: TGB	REV SRCE:
SITE/PROJ: 051ZP	RPTG CATG: 29	BOC:
COST ORG:		
CLOSED BFYS:	CLOSED APPR:	TRAVEL ADVANCE: N
REF INVOICE:	REF LINE:	TEXT TYPE:
GL ACCT:	REF TC: NUMBER:	LINE:
DOC LINE AMT:	258,955.44	DESC: 4TGB05FP1Z
DOC LINE COLLECTED AMT:	258,955.44	INTEREST RATE: 3.360
DOC LINE CLOSED AMT:	258,955.44	ADVANCE NUMBER:
DOC LINE WRITEOFF AMT:	0.00	TRAVEL TYPE:
SOURCE:	TYPE OF OVERPAYMENT:	ACTION OUT:

4BÜ

A

ë-ëPC LINE 1 COL 10

FILE COPY

P 188 575 3015

THE USEPA EXPECTS ADDITIONAL  
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TO THE AGENCY FOR  
WORK PERFORMED BEFORE  
12/31/93. IN THE EVENT  
OF THIS OCCURRENCE THE  
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ORMET ACCORDINGLY

APR 1 1994

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John D. Reggi  
Project Coordinator  
Ormet Corporation  
Route 7  
P.O. Box 17  
Hannibal, Ohio 43931

RE: Ormet Site, OH.

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

FILE COPY

JUN 15 1994

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P 851379276

CERTIFIED MAIL  
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Project Coordinator  
Ormet Corporation  
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Region 5  
Attention: Superfund Accounting  
P.O. Box 70753  
Chicago, Illinois 60673

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*V. Mbogo*  
6/13/94



Printed on Recycled Paper

U.S. Environmental Protection Agency  
ATTN: Vanessa Mbogo  
77 West Jackson - 5MFS-10J  
Chicago, Illinois 60604

If payment has been made please disregard this notice.

Thank you for your cooperation.

Sincerely yours,

Mary Ellen Ryan, Acting Chief  
Superfund Accounting Section

cc: Rhonda McBride, HSRM-6J  
Elizabeth Murphy, CS-3T